Based on Surveys by the Health Insurance Association of America

Policies issued in 1984

Five Year Trend

1979-1984

NEW GROUP HEALTH INSURANCE

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NEW GROUP HEALTH INSURANCE

Based on Surveys of the Public Relations Division of the Health Insurance Association of America

Every two years the Public Relations Division of the Health Insurance Association of America surveys new* group health insurance policies written by insurance companies between January 1 and March 31. The 1984 survey included a total of 3,463 cases, covering 341,624 employees and an estimated 441,800 dependents. The 25 companies participating in the survey accounted for 53.6% of insurance company group health insurance premiums written in the United States in 1983.

The cases have been divided into four size categories, by the number of insured employees: fewer than 25, 25-99, 100-499 and 500 or more. The cases covering 500 or more employees constitute 3% of all cases reported, but cover about one-half of the employees in the survey. Also, although cases with fewer than 25 employees represent nearly one-half of the cases, they cover only 5% of the employees.

This booklet is limited to an analysis of the data for plans covering 25 to 499 employees in order to eliminate distortions that could result if any one survey period included too few or too many small cases or one or two extremely large cases.

Other annual surveys of new group health insurance policies issued, as well as the recently released profile of group benefits in force† as of December 1980, have shown that, in general the very small group plans have lower benefit levels and the largest groups have the richest benefit plans.

This booklet is divided into two sections. The first section reports the results of the 1984 survey for groups of 25 to 499 employees. The second section compares the 1979 and 1984 surveys for these same employee-sized groups.

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*A "new" case is one underwritten for the first time, or if previously issued, one to which hospital-medical, dental, major medical or disability income benefits have been added.

†A Profile of Group Medical Expense Insurance in the United States, *Health Insurance Association of America.*

Contents

1984 New Group Plan Survey 3
Comprehensive Major Medical Expense Coverage 3
Supplementary Major Medical Expense Coverage 4
Basic Expense Coverage 4
Intensive Care Coverage 5
Nursing Home Coverage 5
Home Health Care Coverage 5
Cost Containment Features 5
Dental Coverage 6
All Groups with Medical Care Coverage 6
Continuation and Conversion Coverage 6
Short-term Disability Income Coverage 7
Long-term Disability Income Coverage 7
Cost Contributions 7

Trends in New Group Plans, 1979-1984 8
Major Medical Protection 8
Hospital Expense Coverage 9
Maximum Daily Hospital Benefits 9
Maximum Hospital Confinement Periods 10
Surgical Expense Benefits 11
Physicians' Expense Benefits 12
Nursing Home Coverage 12
Dental Coverage 13
Maternity Coverage 13
Dependent Protection 13
Mental and Nervous Disorders 14
Continuation and Conversion Coverage 14
Disability Income Coverage 14
Short-term Coverage 14
Long-term Coverage 15
Cost Contributions 15

Distribution of Cases and Employees, 1984 16

1984 New Group Plan Survey

Please note: This section reports the 1984 survey results for groups of 25 to 499 employees. The section beginning on page 8 reports trends in coverage for groups with 25-499 employees in both 1979 and 1984.

Of the 154,668 employees in employee groups of 25-499 in the 1984 survey, 150,568 employees were covered by group cases written for the first time by the reporting company. An estimated 201,816 dependents were also covered under these cases.

Comprehensive Major Medical Expense Coverage

Of the 98,564 employees with comprehensive major medical expense plans:

- 37% had a single deductible of $200 or more. An additional 10% were covered under deductible plans whereby a $200 deductible is applied to all medical expenses, with the exception of hospital, or surgical and hospital expenses.
- All employees had maximum benefits of $100,000 or more. In fact, 94% had available to them benefits of $1 million or more, or no limit.
- 97% had benefits for treatment of nervous and mental disorders.
- 46% had out-of-pocket limits of $1,000 or less.

Supplementary Major Medical Expense Coverage

Of 21,599 employees with supplementary major medical expense plans:

- 85% had a single deductible of $100 or more before insurance benefits commenced; 5% had a $50 deductible.
- 99% had maximum benefits of $100,000 or more, or unlimited benefits.
- 99% had benefits for treatment of nervous and mental disorders.
- 49% had out-of-pocket limits of $1,000 or less.

Basic Expense Coverage

Of 10,414 employees in the survey with basic hospital expense plans:

- 96% had insurance that paid in full for semiprivate accommodations.
- 93% were insured fully for miscellaneous hospital expenses of $1,000 or more. 85% had unlimited coverage.

Of 10,930 employees with basic surgical expense plans:

- 97% had maximum benefits of $1,000 or more, including 74% with no maximum.

Among 9,339 employees with medical benefits to help pay in-hospital private physicians' fees:

- 86% had a maximum benefit of $10 or more per visit.

Of 9,910 employees with basic diagnostic X-ray and laboratory services coverage:

- 93% had maximum benefits of $100 or more, including 24% with no limit.

Intensive Care Coverage

Of the 120,617 employees with intensive care accommodation benefits:

- 47% had benefits equal to the hospital daily room and board rate, 13% had no limit on the daily benefit, and 22% had reasonable and customary benefits.

Nursing Home Coverage

Of the 78,999 employees with nursing home or extended care facility coverage:

- 84% had daily room and board benefits of $30 or more, or coverage for a semiprivate room.
- 91% had coverage for 60 days or more of confinement; 31% had a maximum of 120 days or more.

Home Health Care Coverage

Of the 67,005 employees covered for home health care expenses in lieu of hospitalization or confinement in an extended care facility:

- 88% were covered for physician, nursing and therapy services.

Cost Containment Features

Of the 120,617 employees with medical care coverage (excluding dental):

- 80% had a provision for reimbursement of generic drug prescriptions.
- 79% had coverage for second opinions on nonemergency surgery.
- 77% were covered for out-patient surgery.
- 81% were covered for preadmission testing.

- 33% were covered for costs of paramedical services.
- 27% were reimbursed for hospice or terminal illness center care.

Dental Coverage

Of the 55,233 employees with dental coverage:

- 74% had comprehensive dental plans; 72% had a maximum annual benefit of $1,000 or more, or no limit.

All Employees with Medical Care Coverage

Of the 134,544 employees with medical plans:

- 91% had benefits for dependents.
- Excluding those employees with dental coverage only or disability income and dental coverage only, 99% had maternity benefits for themselves or their dependents.
- 97% of employees with maternity coverage were covered for full plan benefits.

Continuation and Conversion Coverage

Of the 134,544 employees with medical care coverage:

- 77% had some provision for continuation or conversion of coverage at retirement or upon termination other than retirement.
- Continuation under the group plan was possible for 15% of the employees in plans with a continuation or conversion privilege for retirees.
- Among employees with provisions for continuation of group coverage, the coverage was supplemental to Medicare for 87% of them.

Short-term Disability Income Coverage

Short-term disability income plans commonly provide benefits for periods of up to 13, 26, 52 or 104 weeks. Of the 24,647 employees with these plans:

- 76% had benefits from the first day of disability due to accident and from no later than the eighth day because of sickness.
- 24% had 13-week benefit plans; 71%, 26-week plans; 5%, 52-week plans or 104-week plans.
- 97% were provided at least one-half of pre-disability income; 62% were provided at least two-thirds.

Long-term Disability Income Coverage

Long-term disability income plans provide benefits for periods ranging from two years to age 65 or 70 or for life. Of the 17,327 employees with these plans:

- 47% had benefits beginning after six months of disability; 35% had benefits beginning after three months.
- 98% had benefit periods extending to age 65 or 70 for both accident and sickness.
- 81% had an average monthly benefit of $700 or more.
- 92% were provided at least 60% of predisability income.

Cost Contributions

Of the 154,668 employees in the survey:

- 99% had health insurance coverage (primary) paid either entirely (88%) or in part (11%) by their employer.
- Of the employees for whom dependent coverage was available, 55% had dependent coverage paid for entirely by their employer; 33% shared the premium with the employer.

Trends in New Group Plans 1979-1984

This section reports on trends in coverage between 1979 and 1984. The section beginning on page 3 reports 1984 data only.

During the five-year period 1979-1984, benefits provided under new group insurance plans increased steadily.

These increases reflect employer and union efforts to keep employee insurance coverage in line with rising health care costs, and the improvement of health insurance plans to meet the employee's need for greater protection. (Note: This section deals only with groups of 25-499 employees. These groups covered 154,668 employees in the 1984 survey and 111,108 employees in the 1979 survey.)

Major Medical Protection

Group major medical insurance coverage helps pay for virtually any type of medical care, in or out of hospital, provided a licensed physician prescribes it. Other characteristics of this coverage are high maximum benefits, a deductible amount the insured person must pay, and a coinsurance arrangement by which the insured person and the insurance company share other costs, the company share usually being 80%. Deductibles and coinsurance help keep premium costs down and discourage unnecessary utilization of health care services.

Group major medical policies fall into two categories:
(1) supplementary major medical expense plans that "wrap around" basic plans, mainly to provide benefits for prolonged illnesses, and (2) comprehensive major medical plans that incorporate in one plan both basic coverage and protection against catastrophic expenses. In all these plans, there has been a marked trend toward higher maximum benefit levels. This is most clearly demonstrated by the fact that 93% of the surveyed employees in 1984 had maximum benefits of $1,000,000 or more compared with 77% in 1979.

In 1984, 31% had unlimited benefits, compared with 28% in 1979.

Maximum Major Medical Benefit

Maximum Benefit	*Percentage of Employees*	
	1979	*1984*
$ 10,000	0.5%	—
20,000	1.8	0.1%
50,000	3.1	0.2
100,000	3.0	1.0
250,000	11.3	1.9
250,001 - 999,999	3.0	3.8
$1,000,000 and over	49.6	62.2
Unlimited	27.7	30.8

Hospital Expense Coverage

Basic group hospital expense plans provide benefits separately for hospital room and board and other hospital services—such as laboratory fees, drugs, dressings and X-rays.

Under some plans a fixed maximum benefit is paid for daily room and board. Other plans pay the full rate for semiprivate room and board.

Maximum Daily Hospital Benefits

Between 1979 and 1984, benefits in basic group plans increased dramatically. In 1979, 81% of employees had $100 a day or more in room and board benefits. By 1984, 98% had this benefit. There has been a trend to make benefit payments equal to a hospital's average semiprivate room and board charge. In 1984, 96% of employees had this "full payment" coverage, compared with 78% in 1979.

In 1984, 97% of employees had daily room and board benefits equal to or greater than the national average semiprivate room rate. In 1979, 78% had benefits equal to or greater than the national average semiprivate rate.

Maximum Daily Hospital Room and Board Benefits

Maximum Daily Benefits	*Percentage of Employees*	
	1979	*1984*
Less than $50	2.9%	0.3%
$ 50 - 59	1.3	1.1
60 - 69	4.2	—
70 - 79	6.1	—
80 - 89	3.9	—
90 - 99	0.8	0.3
100 - 109	1.5	—
$110 or more	0.7	0.4
Full payment - semiprivate	78.3	96.4
Full payment - ward	0.3	1.5

Maximum Hospital Confinement Periods

The trend is to provide more days of covered hospital care. In 1984, 83% of the employees were covered for 120 days and over, compared with 63% in 1979.

Maximum Number of Days of Basic Hospital Benefits

Maximum Number of Days	*Percentage of Employees*	
	1979	*1984*
Under 70	10.1%	7.1%
70 - 109	27.1	10.1
120 - 159	28.7	25.6
180 - 319	2.9	—
360 or more	22.8	37.5
No maximum	8.4	19.7

Surgical Expense Benefits

Group surgical expense plans help pay for physicians' fees for surgical procedures. Benefits are paid in one of two ways: according to a schedule specifying the maximum payment for each type of operation, or on a "reasonable and customary" basis.

The percentage of employees with "reasonable and customary" benefits increased sharply between 1979 and 1984. In 1984, 55% of the employees had this type of benefit; in 1979, the proportion was 26%.

Among the employees with other types of surgical benefits, 94% in 1984 had benefits of at least $1,000 for one or more operations, compared with 75% in 1979.

Maximum Surgical Benefit

Maximum Benefit	***Percentage of Employees***	
	1979	*1984*
Scheduled Basis:		
Less than $800	15.0%	2.7%
$ 800 - 999	3.5	—
1,000 - 1,499	23.9	6.6
1,500 - 1,999	7.4	10.9
2,000 - 2,999	11.2	0.9
$3,000 or more	7.1	4.3
No maximum	5.5	20.0
Reasonable and Customary Basis:		
Maximum	2.8	0.5
No maximum	23.6	54.1

Physicians' Expense Benefits

Group basic medical expense plans provide benefits for physicians' services other than surgery. Most often these benefits apply only to physician hospital visits, but some cover physician fees for home or office visits. Benefits may also apply to out-of-hospital laboratory and X-ray expenses. In 1984, 34% of employees with regular medical expense coverage had maximum benefits of $10 or more toward the cost of each physician hospital visit. In 1979, 41% of employees had such maximum benefits. However, these figures do not include in-hospital benefits on a "reasonable and customary" basis; in 1984, 52% of covered employees had this type of benefit, compared with 25% in 1979.

Nursing Home Coverage

Among employees with nursing home care benefits under a basic or major medical policy, 48% had a maximum daily benefit of $60 or more in 1984, compared with 38% in 1979. The maximum number of days for which coverage is provided declined slightly between 1979 and 1984. In 1984, 39% had coverage for 100 days or more, compared with 42% in 1979.

Nursing Home Expense Benefits

Maximum Daily Benefit	***Percentage of Employees***	
	1979	*1984*
Less than $40	53.7%	46.1%
$40 - 59	8.4	6.1
60 - 79	1.7	9.2
$80 or more	0.1	2.6
Semiprivate charge	36.1	36.0
Maximum Number of Days		
Less than 60	9.8	9.4
60 - 99	48.2	51.7
100 - 149	28.8	33.0
180 - 359	2.0	0.4
360 or more	11.2	5.5

Dental Coverage

Group dental expense insurance helps pay for both dental services and supplies.

In 1984, 41% of the employees with medical care protection had this coverage compared with 25% in 1979. In 1984, 74% had comprehensive plans, and 97% of this group had maximums of $1,000 or more.

The proportion of employees covered under "combination" plans declined between 1979 and 1984 from 28% to 24%, respectively. Under this type of plan, there is a combination of a deductible and reimbursement dependent on a listed schedule.

Maternity Coverage

The majority of employees with medical insurance over the 1979-1984 period had maternity coverage under their group medical expense plans for themselves or their spouses. It provides a stated benefit for hospital care as well as an allowance for the attending physician.

In 1984, 99% of employees with medical insurance had some form of maternity protection for either themselves or their spouses, compared with 68% in 1979.

Among employees with maternity coverage, 97% were covered for full plan benefits in 1984, compared with 30% in 1979.

Dependent Protection

Practically all group medical plans insure dependents. For example, 91% of the employees in the 25-499 size groups surveyed in 1984 had plans providing dependent coverage. This ratio is about the same as in 1979, when 92% had dependent coverage.

Mental and Nervous Disorders

Ninety-eight percent of employees with group major medical coverage had some type of coverage for nervous and mental disorders in 1984, compared with 86% in 1979. Of those who had this coverage in 1984, 34% were insured in full for the hospital charges, compared with 51% in 1979.

Continuation and Conversion Coverage

In 1984, 77% of employees had some type of arrangement available to them by which they could continue their coverage upon termination of employment. In 1979, 89% had continuation and/or conversion coverage. Coverage for employees was possible through a continuation of the group plan at retirement for 12% in 1984 and 26% in 1979. The more common way of having continued coverage was through conversion to an individual plan without a medical examination.

Disability Income Coverage

Group disability income plans are designed to help pay a portion of an employee's lost wages during disability. Benefits are usually provided, on a weekly or monthly basis, while the employee is totally disabled. Under short-term plans, benefits generally begin after a few days' absence and may be payable for up to two years. Long-term plans provide benefits for two years or longer — sometimes to age 70 or for life. Most plans cover both occupational and nonoccupational disabilities, but where Workers' Compensation benefits apply, disability plan benefits are normally reduced.

Short-term Coverage

Short-term disability income plans provide benefits for up to 13, 26, 52 or 104 weeks depending on the contract. Most plans are for a 26-week period. The ratio of employees with 26-week plans providing maximum weekly benefits of $150 or more increased to 50% in 1984, up from 36% in 1979.

Short-term Disability Income Coverage

Type of Plan	*Percentage of Employees*	
	1979	*1984*
13-week plans	18.0%	23.9%
26-week plans	76.7	70.8
52-week and 104-week plans	5.3	5.3

Long-term Coverage

Group long-term disability income plans generally provide benefits to age 65 or 70. In 1984, 98% of the employees having long-term disability coverage were insured through group plans providing both accident and sickness benefits to age 65 or 70, up from 1979, when 83% had such coverage. In 1984, 86% had a maximum available monthly income benefit of $2,000 or more, up from 25% in 1979.

Cost Contributions

In 1984, the total cost of group health insurance programs for 88% of employees was paid for by employers, while 11% of employees shared the premium costs, most on a 50/50 basis with their employers, and 1% of employees paid it all themselves.

Contributory Status	*Percentage of Employees*	
	1979	*1984*
Employee pays entire premium	4.7%	0.8%
Employer pays entire premium	33.5	87.9
Employer pays part of premium:		
Less than 50%	14.6	0.4
50% or more	47.2	10.9

Distribution of Cases and Employees Covered by Size of Employee Group and Type of Plan, 1984

Type of Plan	Size of Group: Fewer than 25	25-99	100-499	500 or more	Total
			Percent of Cases		
Basic:					
Hospital	23.7	30.7	36.8	8.8	100.0
Surgical	19.2	35.8	35.0	10.0	100.0
Physicians' Expense	21.2	31.3	39.4	8.1	100.0
Diagnostic X-ray & Lab	17.6	31.4	40.2	10.8	100.0
Dental	30.7	43.7	20.4	5.2	100.0
Major Medical:					
Supplementary	47.6	32.4	16.4	3.6	100.0
Comprehensive	46.2	37.9	13.2	2.7	100.0
Disability:					
Short-term	44.6	39.3	12.8	3.3	100.0
Long-term	39.6	40.2	14.7	5.5	100.0
			Percent of Employees		
Basic:					
Hospital	1.9	10.3	48.1	39.7	100.0
Surgical	1.5	12.4	43.5	42.6	100.0
Physicians' Expense	1.8	11.6	51.9	34.7	100.0
Diagnostic X-ray & Lab	1.4	10.0	45.4	43.2	100.0
Dental	2.7	12.7	22.4	62.2	100.0
Major Medical:					
Supplementary	4.5	15.8	33.1	46.6	100.0
Comprehensive	6.5	23.7	30.5	39.3	100.0
Disability:					
Short-term	6.5	23.3	29.8	40.4	100.0
Long-term	4.0	13.6	20.2	62.2	100.0